



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 22, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Johnny Disco, 5800 Cornhusker requesting a class I liquor license.

Wiyual Rauch, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Wiyual Rauch was born in Sudan. He attended School in Sudan graduating in 1992.

Mr. Rauch became a United States Citizen in 2004.

Wiyual Rauch employment history is as follows:

- 2006- Present MBA Poultry Waverly, NE.
- 2004 - 2005 Tri-Con Industries Lincoln, NE.
- 2003 - 2004 Machine Operator, Dakota Balance Sioux Falls, SD.
- 1998 - 2003 Tester, Gateway Inc. Sioux Falls, SD.

Mr. Rauch will take the required RHC training on February 12, 2009.

**This location requires a special permit.**

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

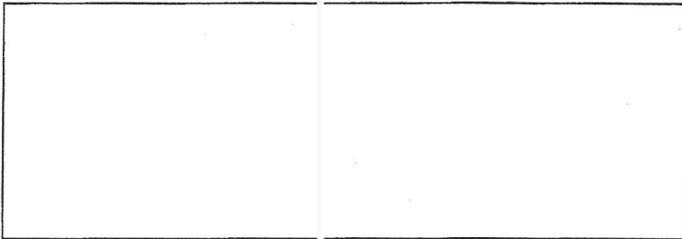


A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
 PO BOX 95046  
 LINCOLN, NE 68509-5046  
 PHONE: (402) 471-2571  
 FAX: (402) 471-2814  
 Website: www.lcc.ne.gov/



## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

	Application Fee
<input type="checkbox"/> A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/> B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/> C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/> D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/> I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/> Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

	Application Fee	Bond Required
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Travis Pillen Phone number: (402)471-4515

Firm Name Lincoln Action Program

**PREMISE INFORMATION**

Trade Name (doing business as) Johnny Dis

Street Address #1 5800 Cornhusker Hwy Building 1

Street Address #2 Suits 10 and 11

City Lincoln County Lancaster Zip Code 68507

Premise Telephone number \_\_\_\_\_

Is this location inside the city/village corporate limits:  YES  NO

Mail address (where you want receipt of mail from the commission)

Name Wiyual Ruach

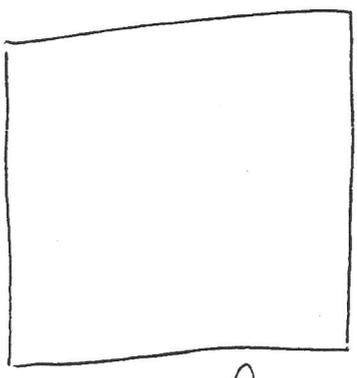
Street Address #1 349 NW 23<sup>rd</sup> St.

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68528

In the area: WIDTH - 50  
licer  
in si Length - 50

ment draw the area to be licensed. This should include storage areas, basement, sales or sales of alcohol will take place. If only a portion of the building is to be covered by the sions (length x width) of the licensed area as well as the dimensions of the entire building. Be sure to indicate the direction north and number of floors of the building. or licenses minimum standards must be met by providing at least two restrooms



50ft

50ft

**APPLICANT INFORMATION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.** Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.  
 YES  NO

RECEIVED  
ALCOHOL CONTROL COMMISSION

If yes, please explain below or attach a separate page.

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2. Are you buying the business and/or assets of a licensee?

YES  NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

YES  NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES  NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES  NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

US Bank Wiyual Ruach

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

none

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
none		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

Lease: expiration date February 29, 2010  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? March 1, 2009

15. What will be the main nature of business? Social Hall

16. What are the anticipated hours of operation? Friday & Saturday 7p.m - 1a.m

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENTS FOR THE BUSINESS OPERATOR		SPOUSE	
APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
349 NW 23 <sup>rd</sup> St. Lincoln, NE	2007 2009	Elizabeth Riek	2007 2009
3715 NW 50 <sup>th</sup> St. Lincoln, NE	2004 2007	Elizabeth Riek	2004 2007
Sioux Falls, SD	<del>1995</del> 2000 2004	Sioux Falls, SD	<del>1998</del> 2000 2004

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. **RECORDED** The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses) Full (birth) names only, no initials.

*[Handwritten Signature]*

Signature of Applicant

*Elizabeth Riets*

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of *Sancaaster*

County of *Sancaaster*

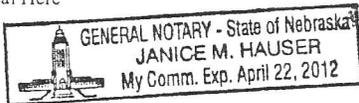
The foregoing instrument was acknowledged before me this *1-13-09* by

The foregoing instrument was acknowledged before me this *1-13-09* by

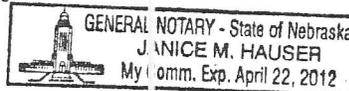
*Janice M. Hauser*  
Notary Public signature

*Janice M. Hauser*  
Notary Public signature

Affix Seal Here



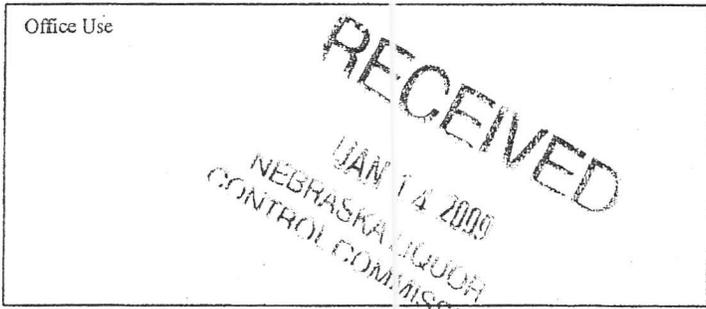
Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL  
INSERT - FORM 1**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



**Individual applicants, including spouse, are required to adhere to the following requirements**

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 - 006)**
- 3) **Must provide a copy of their certified birth certificate or INS papers**
- 4) **Must submit their fingerprints (2 cards per person)**
- 5) **Must sign the signature page of the Application for License form**
- 6) **Applicant may be required to take a training course**

Name of individual applicant who will hold license \_\_\_\_\_

Last Name: Ruach

First Name: Wiyual MI: W. R.

Home Address: 349 NW 23<sup>rd</sup> St. City: Lincoln Zip Code: 68528

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: (402) 202-3015

Drivers License Number: \_\_\_\_\_ State: Nebraska

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES       NO      If yes, provide your spouse's information below

Spouses Last Name: Riek

Spouses First Name: Elizabeth MI: NY

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: Nebraska

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.



**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

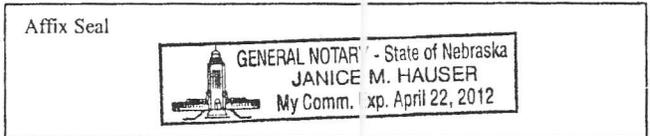
Elizabeth Riek  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Elizabeth Riek  
Printed name of spouse asking for waiver

State of Nebraska  
County of Lancaster  
1-14-09  
date

The foregoing instrument was acknowledged before me this  
by Elizabeth Riek  
name of person acknowledged

Janice M. Hauser  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

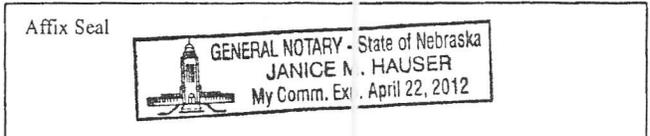
Wiyual Ruach  
Signature of individual involved with application  
(Spouse of individual listed above)

Wiyual Ruach  
Printed name of applying individual

State of Nebraska  
County of Lancaster  
1-14-09  
date

The foregoing instrument was acknowledged before me this  
by Wiyual Ruach  
name of person acknowledged

Janice M. Hauser  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.